## FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076
Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT
[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Information	on														
Name and Mailing Address of Respondent     Lumos Telephone of Botetcourt Inc     One Lumos Plaza     Waynesboro, VA 22980	Respondent Botetcour 980	t Inc											Che is a	Check here if this is a change of address.	
2. Year Report Filed 2017		3. Reporting Period Period Covered b 3/15/2017	Reporting Period (Ending D Period Covered by Report) 3/15/2017	Reporting Period (Ending Date of Pay Period Covered by Report) 3/15/2017	ау		4. Number of Reporting a. Fe b. 16	4. Number of Full-Time Employees during Sel Reporting Period (check one): a. Fewer than 16 (complete Sections I, b. 16 or more (complete all sections)	mployees dur k one): complete Sec		ected IV, and V only)				
SECTION II - Full-Time Employees.	es.														
							Num (Report empl	Number of Employees (Report employees in only one category)	yees one category						
Job								Race/Ethnicity							
Categories	Hisp	Hispanic or Latino						Not-Hispanic or Latino	ic or Latino						Total
					Male	ale					Female	ıale			Columns A - N
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	
Executive/Senior Level	>	В	C	D	Е	F	G	н	-	J	*	٢	×	z	0
															0
First/Mid-Level Officials and 1.2 Managers	2		2												2
Professionals 2	2		3						1						4
Technicians 3			8			1									9
Sales Workers 4	-														0
Administrative Support 5 Workers	5								-						-
Craft Workers 6	- CJ		6												6
Operatives 7															0
Laborers and Helpers 8															0
Service Workers 9															0
TOTAL 10	0	0	19	0	0	-	0	0	2	0	0	0	0	0	22
PREVIOUS YEAR TOTAL 11	0	0	17	0	0	=	0	0	2	0	0	0	0	0	20

Title of Person Signing	5-9-17 N	SECTION V - Certification  I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct.	This is to advise the (Attach a list indicating	This is to advise the company before any	SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311.	PREVIOUS YEAR TOTAL 11	TOTAL 10	Service Workers	Laborers and Helpers	Operatives	Craft Workers	Administrative Support Workers	Sales Workers	Technicians	Professionals	First/Mid-Level Officials and 1.2	Executive/Senior Level Officials and Managers 1.1				Categories	Job	
2	ary M	wledge, info	Commission ng parties in	Commission body having	ination Co	1 0	0	9	8	7	6	55	4	w	2	.2		A	Male		_		
	Typed or Printed Name of Person Signing Mary McDermott	rmation, and be	n that the follow volved, date file	n that no compl g competent jui	mplaints Purs	0	0											В	Female		Hispanic or		
	rson Signing t	elief, all stater	ing complaint ed, courts or a	aints regardir risdiction in su	uant to 47 CF	0	0											c	White				
OF ANY ST		ments in this r	ts alleging viol	ng violations o	FR 22.321, 23	0	0											D	Black or African American				
Y FALSE STA		eport are true	lations of the p	f the equal em uring the calen	.55, 90.168, 1	0	0											Е	Hawaiian or Other Pacific Islander				
TEMENTS N	Signature	and correct.	dar year covered by this rep rovisions of any equal emplo atter has been heard, file nu	This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, company before any body having competent jurisdiction in such matters during the calendar year covered by this report. This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employer.	01.4, and 101	0	0											F	Asian	Male			
DE ON THIS	ik w				.311.	0	0											G	American Indian or Alaska Native				(Report em
TION PERMIT (47 U	De la companya della companya della companya de la companya della		oyment opporumber or othe	eral, state, ten		0	0											Ξ	Two or more races		Not-Hispa	Race/Ethnicity	Number of Employees (Report employees in only one category)
PUNISHABLE			tunity statute r designation,	ritorial, or loca		0	0 0											-	e White		Not-Hispanic or Latino	ΪŸ	loyees y one categon
BY FINE AN	mo		This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report.  This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.	il statutes hav		0												٦	Black or African American				×
D/OR IMPRIS	X			e been filed a		0	0											*	Native Hawaiian or Other Pacific Islander	Fei			
WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).	Telephone No. (540) 94			gainst this		0	0											٦	Asian	Female			
	S40) 946-2000					0	0											M	American Indian or Alaska Native				
						0	0											z	Two or more races				
VOCATION						0	0	0	0	0	0	0	0	0	0	0	0	0		Columns A - N	Total		